

CT CORPORATION

CORPORATION(S) NAME

Killam Management and Operational Services, Inc.

FILED  
02 APR 23 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700005326177--5  
-84/23/02-810/11-032  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_ 4/23/02 Order#: 5292015

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Killam Management and Operational Services, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New Jersey 3. 22-3098501  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December, 1990 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 27 Bleeker Street, Millburn, New Jersey 07041  
(Principal office address)  
27 Bleeker Street, Millburn, New Jersey 07041  
(Current mailing address)
8. Facility operation and maintenance.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: CI Corporation System
- Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Jennifer Leigh Morgan, Asst. Secy  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Please see attached

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

Please see attached

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas L. Patterson, President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

# KILLAM MANAGEMENT & OPERATIONAL SERVICES, INC.

## DIRECTORS

NAME	ADDRESS
Peter J. Wickens	27 Bleeker Street, Millburn, NJ 07041
Emil C. Herkert, P.E	27 Bleeker Street, Millburn, NJ 07041
Michael O. Blackburn	St. Anne House, Wellesley Road, Croyden CR92UL, UK
Robin B. Fox	St. Anne House, Wellesley Road, Croyden CR92UL, UK
Timothy J. Thirwall	St. Anne House, Wellesley Road, Croyden CR92UL, UK
Thomas L. Patterson	27 Bleeker Street, Millburn, NJ 07041

## OFFICERS

NAME	TITLE	ADDRESS
<b>President</b>	Thomas L. Patterson	27 Bleeker Street Millburn, NJ 07041
<b>Secretary</b>	Peter J. Wickens	St. Anne House, Wellesley Road Croyden CR92UL, UK
<b>Treasurer</b>	Robin B. Fox	St. Anne House, Wellesley Road Croyden CR92UL, UK

cb0111601

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

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1993  
OFFICE OF THE  
TREASURER  
STATE OF NEW JERSEY  
TREASURY DEPARTMENT  
PO BOX 171  
TRENTON, NJ 08646-0171

**KILLAM MANAGEMENT AND OPERATIONAL SERVICES, INC.**

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on December 31, 1990.*

*As of the date of this certificate, said business  
continues as an active business in the State of New  
Jersey. Annual Reports are outstanding for the  
following year(s):*

*1999*

*I further certify that the registered agent and  
registered office are:*

*Corporation Trust Company  
820 Bear Tavern Road  
Trenton, NJ 08628*

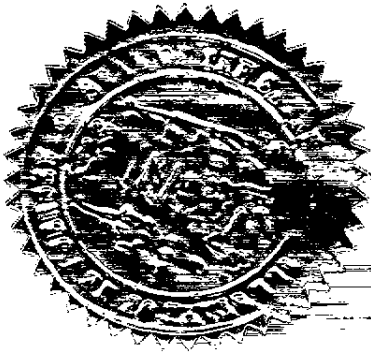
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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

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TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
22nd day of April, 2002



A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA  
State Treasurer